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2135

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	MORAN, Douglas B.	Examiner:	Ronald Baum
Application No.:	09/654,347	Art Unit:	2135
Filed:	August 30, 2000	Docket No.:	RECOP017
Title:	SYSTEM AND METHOD FOR USING TIMESTAMPS TO DETECT ATTACKS		

CERTIFICATE OF MAILING

08/18/2004 HDEMESS1 00000006 09654347

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420.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

8/11/, 2004.

Vicki L. Lorist
Vicki Lorist]

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 19 2004

Technology Center 2100

Dear Sir:

Transmitted herewith is **Amendment A** (8 pages) and attached 11 sheets **formal drawings** in the above-identified application.

The fee has been calculated as shown below.

	Claims remaining after Amendment		Highest previously paid for	Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	14	Less	17	-0-	x \$9 = \$		OR	x \$18 = \$	
Indep Claims	03	Less	04	-0-	x \$43 = \$		OR	x \$86 = \$	
[] Multiple Dependent claim Present & Fee Not previously paid					x \$145 = \$		OR	x \$290 = \$	
					TOTAL ADD'L FEE \$			TOTAL ADD'L FEE \$	

☒ Applicant(s) hereby petition for a **TWO** month(s) extension of time to respond to the outstanding Office Action.

☒ Enclosed is our Check No. 1380 in the amount of \$420 to cover the additional claim fee and/or extension of time fees.

- ☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. ().
- ☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.
- ☐ Please charge Deposit Account No. 50-0685 () in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 ().

Respectfully submitted,

Dated: 8/11/2004

Clover Huang
Clover Huang
Registration No. 55,285
V 408-973-2594
F 408-973-2595

VAN PELT AND YI, LLP
10050 N. Foothill Blvd., Suite 200
Cupertino, CA 95014